

REMARKS

Claims 1-13 are cancelled. New claims 14 and 15 have been added herein. Support for those claims can be found in the specification as filed, such as for example at page 1, line 20 to page 2, line 1, page 2, line 33 to page 3, line 13, Example 1, and original claims 3 and 5. Accordingly, the amendments do not raise any issue of new matter.

In the Communication dated August 15, 2007, the Examiner asserted that claims 11-13 were in condition for allowance pending a potential interference. Applicants believe that the potentially interfering patent is US Patent No. 5,688,824 (the "Williams patent"). However, that patent claims methods of preventing or controlling **acute or chronic** rejection in a xenograft transplantation patient. The present claims are drawn to treating a **hyperacute** rejection reaction of a xenograft transplant recipient. As previously noted, hyperacute rejection is different from both acute and chronic rejection. See, e.g., page 1, line 29 to page 2, line 27 of the present specification.

Applicant submits herewith an excerpt from an immunology textbook written by Dr. William Paul, *Fundamental Immunology*, 2d. Ed., pp. 906-907. That text indicates that hyperacute rejection occurs within minutes or hours after transplantation, a visible and dramatic phenomenon where a transplanted organ can quickly turn blue and mottled. *Id.* page 906, col. 2 to page 907, col. 1. Sometime after the period for hyperacute rejection, usually from about one week to three months, the organ can suffer from acute rejection. *Id.* page 907, col. 1. After three months, the possibility of the organ suffering acute rejection significantly declines, although from about three months to several years after transplantation, the organ can still succumb to rejection. The text

defines this latter period as the period of chronic rejection. *Id.* page 907, col. 2. Indeed, even Williams differentiates between the difference rejections. See, e.g., col. 1, ll. 58-60 (Discordant xenotransplants result in **immediate rejection within minutes to a few hours**, produced by pre-existing antibodies and complement-mediated **hyperacute rejection**) (emphasis added), col. 2, ll. 19-20 ("These reactions appear to be the primary cause of the **early acute rejection** that may occur **within the first six weeks** after transplant") (emphasis added), and col. 2, ll. 28-30 ("**Chronic rejection**, on the other hand, is a gradual process of deterioration and failure that occurs later in the life of the transplant, from **several months to several years**") (emphasis added). Accordingly, there is no interfering subject matter between the Williams patent and the present claims.

In view of the foregoing amendments and remarks, Applicant respectfully requests reconsideration and reexamination of this application and the timely allowance of the pending claims.

Please grant any extensions of time required to enter this response and charge any additional required fees to our Deposit Account 06-0916.

Respectfully submitted,

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